

County: St. Croix
LUTHERAN HOME RIVER FALLS
640 NORTH MAIN

Facility ID: 7590

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RIVER FALLS 54022 Phone: (715) 425-5353
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 80
Total Licensed Bed Capacity (12/31/03): 100
Number of Residents on 12/31/03: 64

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 60

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		18.8
Supp. Home Care-Personal Care	No					1 - 4 Years		28.1
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	10.9	More Than 4 Years		32.8
Day Services	No	Mental Illness (Org./Psy)	43.8	65 - 74	6.3			----
Respite Care	Yes	Mental Illness (Other)	6.3	75 - 84	26.6			79.7
Adult Day Care	No	Alcohol & Other Drug Abuse	1.6	85 - 94	40.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	15.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.1		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.6		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	6.3	65 & Over	89.1	-----		
Transportation	No	Cerebrovascular	10.9	-----		RNs		4.7
Referral Service	No	Diabetes	4.7	Gender	%	LPNs		13.6
Other Services	Yes	Respiratory	9.4	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	10.9	Male	29.7	Aides, & Orderlies		
Mentally Ill	No		----	Female	70.3			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	10	100.0	354	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	10	15.6
Skilled Care	0	0.0	0	40	93.0	130	0	0.0	0	11	100.0	150	0	0.0	0	0	0.0	51	79.7
Intermediate	---	---	---	2	4.7	107	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	2	3.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	1	2.3	172	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.6
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	10	100.0		43	100.0		0	0.0		11	100.0		0	0.0		0	0.0	64	100.0

Admissions, Discharges, and Deaths During Reporting Period			Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03			

Percent Admissions from:			Activities of	%	% Needing Assistance of	Total Number of Residents
Private Home/No Home Health	16.9		Daily Living (ADL)	Independent	One Or Two Staff	Dependent
Private Home/With Home Health	2.4		Bathing	3.1	62.5	34.4
Other Nursing Homes	3.6		Dressing	15.6	54.7	29.7
Acute Care Hospitals	66.3		Transferring	29.7	46.9	23.4
Psych. Hosp.-MR/DD Facilities	4.8		Toilet Use	21.9	51.6	26.6
Rehabilitation Hospitals	0.0		Eating	37.5	50.0	12.5
Other Locations	6.0		*****			
Total Number of Admissions	83		Continence	%	Special Treatments	%
Percent Discharges To:			Indwelling Or External Catheter	3.1	Receiving Respiratory Care	9.4
Private Home/No Home Health	40.5		Occ/Freq. Incontinent of Bladder	60.9	Receiving Tracheostomy Care	0.0
Private Home/With Home Health	1.3		Occ/Freq. Incontinent of Bowel	23.4	Receiving Suctioning	0.0
Other Nursing Homes	13.9				Receiving Ostomy Care	0.0
Acute Care Hospitals	10.1		Mobility		Receiving Tube Feeding	1.6
Psych. Hosp.-MR/DD Facilities	1.3		Physically Restrained	0.0	Receiving Mechanically Altered Diets	26.6
Rehabilitation Hospitals	0.0					
Other Locations	2.5		Skin Care		Other Resident Characteristics	
Deaths	30.4		With Pressure Sores	3.1	Have Advance Directives	78.1
Total Number of Discharges (Including Deaths)	79		With Rashes	4.7	Medications	
					Receiving Psychoactive Drugs	59.4

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 100-199 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	55.7	92.0	0.61	87.6	0.64	88.1	0.63	87.4	0.64
Current Residents from In-County	40.6	85.9	0.47	83.0	0.49	82.1	0.49	76.7	0.53
Admissions from In-County, Still Residing	14.5	22.1	0.66	19.7	0.73	20.1	0.72	19.6	0.74
Admissions/Average Daily Census	138.3	138.9	1.00	167.5	0.83	155.7	0.89	141.3	0.98
Discharges/Average Daily Census	131.7	139.5	0.94	166.1	0.79	155.1	0.85	142.5	0.92
Discharges To Private Residence/Average Daily Census	55.0	64.3	0.85	72.1	0.76	68.7	0.80	61.6	0.89
Residents Receiving Skilled Care	95.3	96.1	0.99	94.9	1.00	94.0	1.01	88.1	1.08
Residents Aged 65 and Older	89.1	96.4	0.92	91.4	0.97	92.0	0.97	87.8	1.01
Title 19 (Medicaid) Funded Residents	67.2	55.4	1.21	62.7	1.07	61.7	1.09	65.9	1.02
Private Pay Funded Residents	17.2	32.6	0.53	21.5	0.80	23.7	0.73	21.0	0.82
Developmentally Disabled Residents	1.6	0.6	2.71	0.8	2.04	1.1	1.41	6.5	0.24
Mentally Ill Residents	50.0	36.2	1.38	36.1	1.39	35.8	1.40	33.6	1.49
General Medical Service Residents	10.9	24.3	0.45	22.8	0.48	23.1	0.47	20.6	0.53
Impaired ADL (Mean)	52.2	50.5	1.03	50.0	1.04	49.5	1.05	49.4	1.06
Psychological Problems	59.4	58.5	1.01	56.8	1.05	58.2	1.02	57.4	1.04
Nursing Care Required (Mean)	5.7	6.8	0.83	7.1	0.80	6.9	0.82	7.3	0.77